



AT Computer Schools

REGISTRATION FORM 2016

First Name(s): _____ Surname: _____

I.D. No. _____ Postal Address: _____

_____ Email: _____

Tel/Cell No.(_____) _____ Highest grade/standard passed: _____

Terms and Conditions

You agree that you are responsible for the full fee shown below and that the registration fee is non-refundable and that this contract cannot be cancelled at your option. All fees due must be paid to ADVASET(A.T. Computer Schools).

Fees must be paid promptly, if an instalment is not paid within one month of its due date, the whole balance then becomes due and payable. You undertake to behave in a quiet and responsible manner, so as not to disturb the work of the School or the studies of other students, or to damage, steal and vandalize the property of the school or others, or to cause injury to students/staff. In this regard ADVASET (A.T. Computer Schools) strictly reserves the right of admission to its premises(no visitors allowed). You note particularly, and agree that A.T. Computer Schools or any of their staff or any their investors cannot be held responsible for any loss or damage to your own property or to property in your care. That ADVASET(A.T. Computer Schools) or any of their staff or of their investors cannot be held responsible for your death, personal injuries which you may sustain. That by signing this form you resolve and indemnify ADVASET(A.T. Computer Schools), its partners, directors, staff and agents for any loss, damage, death or injury described above, and arising from any cause whatsoever. This enrolment is accepted subject to the availability of courses. The decision whether or not to hold a course is entirely at the option of ADVASET(A.T. Computer Schools).

This section must be completed and details of the person who will be responsible for the applicant fees and for the payment of monthly installments:

Father, Mother, Husband, Wife, Guardian's Name & Surname: _____

Father, Mother, Husband, Wife, Guardian's I.D. No.: _____

Occupation/ Position at Work: _____

Residential Address: _____

_____ Email: _____

Tel/Cell No.(_____) _____ Tel No.(W)(_____) _____

Signature: _____ Date: ___/___/20___

For Office Use Only

Course			
Duration			
Session			
Rec Date		Rec No.	Start Date
Total Course Price		Installment	

Applicant's Signature: _____ Date: ___/___/20___